

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

David Carter

18CV5296

No. _____

Write the full name of each plaintiff.

(To be filled out by Clerk's Office)

-against-

Captain Ramos Sheild # [1865]

Deputy Warden Carter

N.Y.C. Correction officer Sheild # [3302]

[Bond]

COMPLAINT

(Prisoner)

Do you want a jury trial?

☒ Yes ☐ No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☐ Other:

1st Amendment
Freedom of Religion

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

DAVID Carter

First Name

Middle Initial

Last Name

DAVID CARTER SR.

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

#8951700969

#N.Y.S.I.D.#

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

G.R.V.C. - Riker's Island

Current Place of Detention

09 - 09 HAZEN Street

Institutional Address

EAST ELmhurst, N.Y. 11370

County, City

State

Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

☒ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☐ Convicted and sentenced prisoner

☐ Other:

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

Captain Ramos (1865)
 First Name Last Name Shield #
 AREA Supervisor (17B etc.)
 Current Job Title (or other identifying information)
 09-09 HAZEN St. G.R.V.C.
 Current Work Address
 EAST Elmhurst, N.Y. 11370
 County, City State Zip Code

Defendant 2:

Deputy Warden Carter
 First Name Last Name Shield #
 Assistant Warden @ G.R.V.C.
 Current Job Title (or other identifying information)
 09-09 HAZEN St. G.R.V.C.
 Current Work Address
 EAST Elmhurst, N.Y. 11370
 County, City State Zip Code

Defendant 3:

N.Y.C. Correction Officer Bond
 First Name Last Name Shield #
 Correction Officer
 Current Job Title (or other identifying information)
 09-09 HAZEN Street G.R.V.C.
 Current Work Address
 EAST Elmhurst, N.Y. 11370
 County, City State Zip Code

Defendant 4:

First Name Last Name Shield #
 Current Job Title (or other identifying information)
 Current Work Address
 County, City State Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence:

G.R.V.C. - Riker's Island ^{17B} m.o.

Date(s) of occurrence:

May 17th 2018

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

ON May 17th 2018 the first holy day of "RAMADAN" I was denied and told that I would not be able to observe or attend "RAMADAN" ever by Captain Ramos and Correction Officer Bond even though it was well documented that I was a "Muslim" as of record stated on all prison papers and my F.D. Card. I also C/O threats from C.O. Bond that "I am going to get you Card" "I told you not to make any more 311 complaints. You will never eat right here, or get your muslim RAMADAN food etc." SENT letter to Deputy Warden Carter. Board said he doesn't know why Carter is making these complaints and that I will not be allowed to go to RAMADAN services and Officer Bond made many more physical threats to me on this day regarding complaints made by me.

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

Failed to achieve my spiritual insight, practice my belief, religious and blessings and instructions on how to observe "holy day" and month of Ramadan.

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

I ask for A memorandum from the court regarding my first Amendment rights as a detainee.

I seek \$50,000 + in initial wronged.

relief sought
\$500,000 punitive damage
\$50,000 dollars constitutional and civil rights not observed and detained.

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

5/19/2018
 Dated David
 Plaintiff's Signature Mr. David Carter
CARTER
 First Name G.R.V.C. Middle Initial - Last Name Riker's Island
 Prison Address E. Elmhurst N.Y. 11370
 County, City State Zip Code

Date on which I am delivering this complaint to prison authorities for mailing:

5/19/2018